

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31654

1. PLACE OF DEATH

County *Jefferson*Registration District No. *421*Township *Madison*Primary Registration District No. *5375*City *Keosauqua*(No. *70*)File No. *84*Registered No. *84*

St. _____

Ward _____

2. FULL NAME

Charlie Anderson(a) Residence, No. *113 Russell*

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Mary Anderson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*about 45*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

FATHER

13. NAME

William Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME

Thimin ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

*Mary Anderson
113 Russell*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Here

DATE

9-26-38

19. UNDERTAKER

(ADDRESS)

*W. S. Wade and Co
4402 Franklin Ave.*

20. FILED

DATE

*9/29/38**J. E. Rutledge*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 23, 1938*22. I HEREBY CERTIFY. That I attended deceased from
Conducted coroners inquest, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Deceased came to his death in an automobile accident on Highway 61. Complete fracture of skull.

Other contributory causes of importance:

Happened near Keosauqua on Route 61.

Name of operation.....

Date of.....

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *Frank Frazier*

Acting Coroner, M. D.

(Address) *Justice of the Peace*

